

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular			<u>Ø</u>	<u>5/1/18</u>	<u>SUBWAY - AGANA</u>
Follow-up	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		TIME IN	TIME OUT
Complaint			RATING	<u>10:00am</u>	<u>11:00am</u>
Investigation			<u>A</u>	SANITARY PERMIT NO.	PERMIT HOLDER
Other:				<u>17000 2602</u>	<u>NAKILLOS CORPORATION</u>
ESTABLISHMENT TYPE				AREA	TELEPHONE
<u>RESTAURANT</u>				<u>8</u>	<u>471-0740</u>
				No. of Risk Factor/Intervention Violations	RISK CATEGORY
				<u>Ø</u>	<u>3</u>
				No. of Repeat Risk Factor/Intervention Violations	
				<u>Ø</u>	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performance duties				6
Employee Health						
2	<input checked="" type="checkbox"/> OUT	Management awareness; policy present				6
3	<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion				6
Good Hygienic Practices						
4	<input checked="" type="checkbox"/> OUT N/A N/O	Proper eating, tasting, drinking, betelnut, or tobacco use				6
5	<input checked="" type="checkbox"/> OUT N/A N/O	No discharge from eyes, nose, and mouth				6
Preventing Contamination by Hands						
6	<input checked="" type="checkbox"/> OUT N/A N/O	Hands clean and properly washed				6
7	<input checked="" type="checkbox"/> OUT N/A N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				6
8	<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible				6
Approved Source						
9	<input checked="" type="checkbox"/> OUT	Food obtained from approved source				6
10	<input checked="" type="checkbox"/> OUT N/A N/O	Food received at proper temperature				6
11	<input checked="" type="checkbox"/> OUT	Food in good condition, safe, and unadulterated				6
12	<input checked="" type="checkbox"/> OUT N/A N/O	Required records available: shellstock tags, parasite destruction				6
Protection from Contamination						
13	<input checked="" type="checkbox"/> OUT N/A	Food separated and protected				6
14	<input checked="" type="checkbox"/> OUT N/A	Food contact surfaces: cleaned & sanitized				6
15	<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food				6

Compliance Status				COS	R	PTS
Potentially Hazardous Food (TCS Food)						
16	<input checked="" type="checkbox"/> IN OUT	<input checked="" type="checkbox"/> N/O	Proper cooking time and temperatures			6
17	<input checked="" type="checkbox"/> IN OUT	<input checked="" type="checkbox"/> N/O	Proper reheating procedures for hot holding			6
18	<input checked="" type="checkbox"/> IN OUT	<input checked="" type="checkbox"/> N/O	Proper cooling time and temperature			6
19	<input checked="" type="checkbox"/> IN OUT	<input checked="" type="checkbox"/> N/O	Proper hot holding temperatures			6
20	<input checked="" type="checkbox"/> IN OUT	<input checked="" type="checkbox"/> N/O	Proper cold holding temperatures			6
21	<input checked="" type="checkbox"/> IN OUT	<input checked="" type="checkbox"/> N/O	Proper date marking and disposition			6
Consumer Advisory						
22	<input checked="" type="checkbox"/> IN OUT	<input checked="" type="checkbox"/> N/A	Consumer Advisory provided for raw or undercooked foods			6
Highly Susceptible Populations						
23	<input checked="" type="checkbox"/> IN OUT	<input checked="" type="checkbox"/> N/A	Pasteurized Foods used; prohibited foods not offered			6
Chemical						
24	<input checked="" type="checkbox"/> IN OUT	<input checked="" type="checkbox"/> N/A	Food additives: approved and properly used			6
25	<input checked="" type="checkbox"/> IN OUT		Toxic substances properly identified, stored, used			6
Conformance with Approved Procedures						
26	<input checked="" type="checkbox"/> IN OUT	<input checked="" type="checkbox"/> N/A	Compliance with variance, specialized process, and HACCP plan			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27		Pasteurized eggs used where required				1
28		Water and Ice from approved source				2
29		Variance obtained for specialized processing methods				1
Food Temperature Control						
30		Proper cooling methods used; adequate equipment for temperature control				1
31		Plant food properly cooked for hot holding				1
32		Approved thawing methods used				1
33		Thermometer provided and accurate				1
Food Identification						
34		Food properly labeled; original container				1
Prevention of Food Contamination						
35		Insects, rodents, and animals not present				2
36		Contamination prevented during food preparation, storage & display				1
37		Personal cleanliness				1
38		Wiping cloths: properly used and stored				1
39		Washing fruits and vegetables				1

Compliance Status				COS	R	PTS
Proper Use of Utensils						
40		In-use utensils: properly stored				1
41		Utensils, equipment and linens: properly stored, dried, handled				1
42		Single-use/single-service articles: properly stored, used				1
43		Gloves used properly				1
Utensils, Equipment and Vending						
44		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used				1
45		Warewashing facilities: installed, maintained, used; test strips				1
46		Nonfood-contact surfaces clean				1
Physical Facilities						
47		Hot & cold water available, adequate pressure				2
48		Plumbing installed; proper backflow devices				2
49		Sewage and wastewater properly disposed				2
50		Toilet facilities: properly constructed, supplied, & cleaned				2
51		Garbage/refuse properly disposed; facilities maintained				2
52		Physical facilities installed, maintained, and clean				1
53		Adequate ventilation and lighting; designated areas use				1

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person In Charge (Print and Sign) <u>ORLA MARLA</u>	Date: <u>5/1/18</u>
DEH Inspector (Print and Sign) <u>J. CARZ</u>	Follow-up (Circle one): YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> Follow-up Date <u>N/A</u>

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ESTABLISHMENT NAME

SUBWAY - AGANA

LOCATION (Address) LOT 82-1-5 RIO NUEVO-3 #30250

RTE 4 AGANA SHOPPING CTR SPACE 329 HAGAHA GUAM

INSPECTION DATE

5/1/18

SANITARY PERMIT NO.

170002602

PERMIT HOLDER

NAKLOS CORPORATION

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)

ITEM NO.

OBSERVATIONS AND CORRECTIVE ACTIONS

CORRECT
BY DATE

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

A FOLLOW-UP INSPECTION WAS CONDUCTED BASED ON
PREVIOUS INSPECTION CONDUCTED ON 4/25/2014 (15/13).

THE FOLLOWING WAS OBSERVED:

ALL PREVIOUS VIOLATIONS (ITEMS # 8, 14, 36, 39, & 41)
HAVE BEEN CORRECTED.

NO NEW VIOLATIONS.

PHOTOS WERE TAKEN

B PLACARD NO. 01038 REMOVED

A PLACARD NO. 02644 ISSUED

BRIEFED PIC ON ABOVE.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign)

ORNA, MARLA

Date:

5/1/18

DEH Inspector (Print and Sign)

J. CRUZ

Date:

5/1/18